Office of the State Superintendent for Education (OSSE)
OSSE FINANCE - Non Public Provider Program
441 4th Street, NW, Suite 350 North
Washington, DC 20001

ANNUAL SCHOOL COST SHEET
School Year 2009-2010

School/ Provider Name _____ Federal Tax ID _____

Address _____

Contact Person _____ Telephone _____ Fax _____

Check One: Day ____ Res. _____ Length of Program Year: _____ months Begin Date __/__/__ End Date __/__/__

Total # of days in Program: Education _____ Residential _____ ESY _____

Does your Facility participate in a Medical Assistance Program? Yes _____ No _____ Jurisdiction _____

	QUARTERLY DAYS ATTENDED:	ANNUAL SERVICE:
A. Education and Basic Related Services (DAYS: _____ PER DIEM: $_____)	Q1____ Q2____ Q3____ Q4____	(A) $_____
B. Residential Services (non-education) (DAYS: _____ PER DIEM: $_____)	Q1____ Q2____ Q3____ Q4____	(B) $_____
C. Extended School Year (DAYS: _____ PER DIEM: $_____)	Q1____ Q2____ Q3____ Q4____	(C) $_____
D. Related Services (see below)		

RELATED SERVICES/ ASSESSMENTS	Unit of service (hour, day, week)	Cost Per Unit	TOTAL COST
Screening			
Initial Assessment			
Re-evaluation			
Occupational Therapy			
Physical Therapy			
Speech-language pathology			
Social Work Services			
Audiology/Hearing			
Psychiatric			
Psychological			
Family Training/Counseling			
Group Therapy/Counseling			
Trained Healthcare aide (fill-in below)			
Behavioral aide			
Mental health aide			
Physical health aide			
Neuropsychological Testing			
Extended Day			
Consultation			
Behavior Management:			
Vision:			
Nursing:			
Other:			

I hereby certify that the above services as outlined above are necessary and responsible for the basic care, treatment, and/or education of District of Columbia children, and that said services will be provided at the cost based on the current delineated rate above and/or the current Medicaid rate for the indicated services for the above named facility. I also agree that the above named facility will not recover more than the applicable portion thereof unless a modified billing data form has been submitted and approved.

Signature_____ Date_____
Director of Education